



Sign-up Form: Starting a Syringe Services Program (SSP) in Tennessee

Complete and submit prior to commencement of operations to SSP.Health@tn.gov

Any nongovernmental organization, including an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, may establish and operate a needle and hypodermic syringe services program. The objectives of the program shall be to do all of the following:

1. Reduce the spread of human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), viral hepatitis, and other bloodborne diseases in this state;
2. Reduce needle stick injuries to law enforcement officers and other emergency personnel; and
3. Encourage individuals who inject drugs to enroll in evidence-based treatment.

The Tennessee Department of Health is required by law to approve all organizations seeking to establish and operate a needle and hypodermic syringe services program. All applicants are required by law to fully complete the application, providing the requested information which is set out by the law.

1. Legal name of the organization or agency operating the Syringe Services Program:

2. Contact Information

Primary Contact

Secondary Contact

Name _____

Name _____

Phone _____

Phone _____

Email _____

Email _____

3. Type of Syringe Services Program (check all that apply):

- ☐ Fixed site: exchange run from a permanent, constant location.
- ☐ Mobile: exchange run from a vehicle.
- ☐ Peer-based: exchange run through peer networks distributing in the community, but no fixed location.
- ☐ Integrated: exchange built into an existing agency/program such as a drug treatment program or pharmacy.

4. When does this Syringe Services Program plan to start? Month: _____ Year: _____

5. **Please select county/counties served by the Syringe Services Program:**

Note: This law only legalizes Syringe Services Programs within Tennessee.

- | | | | |
|---|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Bedford | <input type="checkbox"/> Benton | <input type="checkbox"/> Bledsoe |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Bradley | <input type="checkbox"/> Campbell | <input type="checkbox"/> Cannon |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Carter | <input type="checkbox"/> Cheatham | <input type="checkbox"/> Chester |
| <input type="checkbox"/> Claiborne | <input type="checkbox"/> Clay | <input type="checkbox"/> Cocke | <input type="checkbox"/> Coffee |
| <input type="checkbox"/> Crockett | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Davidson | <input type="checkbox"/> Decatur |
| <input type="checkbox"/> DeKalb | <input type="checkbox"/> Dickson | <input type="checkbox"/> Dyer | <input type="checkbox"/> Fayette |
| <input type="checkbox"/> Fentress | <input type="checkbox"/> Franklin | <input type="checkbox"/> Gibson | <input type="checkbox"/> Giles |
| <input type="checkbox"/> Grainger | <input type="checkbox"/> Greene | <input type="checkbox"/> Grundy | <input type="checkbox"/> Hamblen |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hardeman | <input type="checkbox"/> Hardin |
| <input type="checkbox"/> Hawkins | <input type="checkbox"/> Haywood | <input type="checkbox"/> Henderson | <input type="checkbox"/> Henry |
| <input type="checkbox"/> Hickman | <input type="checkbox"/> Houston | <input type="checkbox"/> Humphreys | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Johnson | <input type="checkbox"/> Knox | <input type="checkbox"/> Lake |
| <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Lewis | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Loudon | <input type="checkbox"/> Macon | <input type="checkbox"/> Madison | <input type="checkbox"/> Marion |
| <input type="checkbox"/> Marshall | <input type="checkbox"/> Maury | <input type="checkbox"/> McMinn | <input type="checkbox"/> McNairy |
| <input type="checkbox"/> Meigs | <input type="checkbox"/> Monroe | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Moore |
| <input type="checkbox"/> Morgan | <input type="checkbox"/> Obion | <input type="checkbox"/> Overton | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Pickett | <input type="checkbox"/> Polk | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rhea |
| <input type="checkbox"/> Roane | <input type="checkbox"/> Robertson | <input type="checkbox"/> Rutherford | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Sequatchie | <input type="checkbox"/> Sevier | <input type="checkbox"/> Shelby | <input type="checkbox"/> Smith |
| <input type="checkbox"/> Stewart | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Sumner | <input type="checkbox"/> Tipton |
| <input type="checkbox"/> Trousdale | <input type="checkbox"/> Unicoi | <input type="checkbox"/> Union | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Warren | <input type="checkbox"/> Washington | <input type="checkbox"/> Wayne | <input type="checkbox"/> Weakley |
| <input type="checkbox"/> White | <input type="checkbox"/> Williamson | <input type="checkbox"/> Wilson | |
| <input type="checkbox"/> County outside of TN | | | |

6. **List physical address(es) of Syringe Services Program(s):**

Location 1

Street Address: _____

City: _____ Zip Code: _____

Location 2

Street Address: _____

City: _____ Zip Code: _____

Location 3

Street Address: _____

City: _____ Zip Code: _____

Location 4

Street Address: _____

City: _____ Zip Code: _____

Are there more than four Syringe Services Program Locations? Yes ☐ No ☐

If yes, please attach additional addresses to the end of this form.

7. Special population(s) served by the program (check all that apply):

- ☐ Injection drug users
- ☐ Diabetic insulin users
- ☐ Sex-hormone injections/hormonal therapy injection users
- ☐ HIV/HCV medication injector users
- ☐ HGH and steroid users
- ☐ Other: _____

Please note that the law requires that needles, hypodermic syringes, and other injection supplies be supplied at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused. (No public funds may be used to purchase needles, hypodermic syringes, or other injection supplies.)

8. How will your Syringe Services Program dispose of used needles and hypodermic syringes?
(check all that apply)

- ☐ Through biohazard company (please list) _____
- ☐ Through clinic or hospital (please list) _____
- ☐ Other: _____

9. What is your needle exchange policy? (check one)

- ☐ Dispense as many requested
- ☐ Dispense the same number each time (i.e. a packet of 10)
- ☐ 1-to-1 (1 dispensed for every 1 collected)
- ☐ Other: _____

10. How are you getting clean needles and syringes? (Check all that apply.)

- ☐ Purchase directly from manufacturer
- ☐ Purchase from third-party vendor
- ☐ Donations
- ☐ Other: _____

The law requires reasonable and adequate security of program sites, equipment, and personnel.

Please note that you are required by law to have written plans for security.

- | | YES | NO | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| 11. Do you have written plans for security? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you provided these written plans to the police and sheriff's offices with jurisdiction over the Syringe Services Program location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, to whom? _____

Please note: Exchanges will be considered active in a given county only if the program has distributed its security plan to the appropriate law enforcement agency or agencies with jurisdiction.

- | | YES | NO | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| 13. Are the syringes, needles, and other injection supplies kept in a locked container? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the exchange site(s) or vehicle(s) locked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does law enforcement patrol the area (not required)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach your written security plans with this form.

The law requires that all programs established offer education materials on the following:

16. Are educational materials on the following topics provided to Syringe Services Program contacts? (check all that apply)
- ☐ Drug abuse prevention
 - ☐ Overdose prevention
 - ☐ How to identify and respond to an overdose and use naloxone
 - ☐ Prevention of HIV transmission
 - ☐ Prevention of viral hepatitis transmission
 - ☐ Treatment for mental illness, including treatment referrals. Name of treatment service(s) you refer contacts? _____
 - ☐ Treatment for substance abuse, including referrals for medication assisted treatment. Name of treatment service(s) you refer contacts? _____

The law requires Syringe Services Programs to enable access to naloxone kits that contain naloxone hydrochloride that is approved by the federal Food and Drug Administration (FDA) for the treatment of a drug overdose, or make referrals to programs that provide access to naloxone hydrochloride that is approved by the FDA for the treatment of a drug overdose.

- | | YES | NO | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| 17. Will your Syringe Services Program provide naloxone for free? If no, how much per dose? \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Will your Syringe Services Program refer to a pharmacy for naloxone? If yes, which one(s)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | YES | NO | Don't Know |
|-----|---|--------------------------|--------------------------|--------------------------|
| 19. | Will your Syringe Services Program refer participants to a local health department for naloxone? If yes, which one(s)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Will your Syringe Services Program refer participants to a nonprofit for naloxone? If yes, which one(s)? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The law requires that program employees or volunteers provide personal consultations for mental health or addiction treatment to individuals who request it.

21. How will the Syringe Services Program provide these free consultations? (check all that apply)
- ☐ Counselor on site
 - ☐ Peer recovery
 - ☐ Phone number (i.e. Local Management Entity/Managed Care Organization number)
 - ☐ Other: _____

Tennessee law protects SSP employees, volunteers, and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of drugs present, if obtained or returned to an SSP. This immunity only applies to a participant's possession when the participant is engaged in the exchange or in transit to or from the exchange. People affiliated with an SSP must provide written verification (such as a participant card) to the arresting officer or law enforcement agency to be granted limited immunity. The SSP law does not specify verification format or content.

22. Please submit an example of the written verification the Syringe Services Program distributes to program participants. If you are not distributing written verification of participation in a Syringe Services Program, please provide details below on how the program educates participants about limited immunity.

Complete and submit prior to commencement of operations
to: SSP.Health@tn.gov.

Either save your completed form and submit as an attachment to an email OR click the submit button below to send.

Direct questions to SSP.Health@tn.gov or (615) 741-7500.

SUBMIT

In order to maintain permission to continue to run your program, the Tennessee Department of Health requires that all Syringe Services Program submit an annual report to TDH no later than March 1st of every year for the activities conducted during the preceding calendar year. The annual reporting form can be found on the TDH website at <https://www.tn.gov/health/article/syringe-services-program> and completed forms should be submitted to TDH at SSP.Health@tn.gov